

# STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s):	W. John Funk; Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.; Robert J. Dietel			
II. Name of Lobbyist's partne	ership, firm or corporation, if any			
	GALLAGHER, CALLAHA	N & GARTRELL, P.C.		
	214 North Main Street, C	Concord, NH 03301		
603-228-1181	603-226-33	34 funk(	@gcglaw.com	
(Telephone)	(Fax)		(Email)	
	Choose one – file separate reports to as which are not attributable to as		ile a separate report for	
X All reportable transaction	ns occurring in the month prior to the	e reporting date relative to the	following client.	
	DRIVETRAI	N, LLC		
(Fuil	Name of Client as it appears on the	Lobbyist Registration Form)		
All reportable transaction unrelated to any particular	ns by the lobbyist (including the lob ar client.	byist's family), or the lobbying	firm listed below which a	
IV. Date of Report: Ap	oril 24, 2019 🗵	July 31, 2019		
-	m date of registration to 3/31/19	activity from 4/1/19 to		
On	tober 30, 2019	January 29, 2	020 T	
	from 7/1/19 to 9/30/19	activity from 10/1/19		
	ceived and no reportable transact just this form and submit it to the Se			
VI. Check if additional report	rts are attached: s or made expenditures, you must fi	e Addendum A – Fees and Ex	penses	
Expense Reimbursemen	orarium or reimbursed expenses, you t ir family has made political contribu	•		
ii you, your min, or you	ir taining has made permear conditou	nons, you must mo redendan	· · · · · · · · · · · · · · · · · · ·	
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B to the best of my knowledge and	and RSA 664 and hereby swear or a			
		イーン (Da	3-19	
(Signature of Lobbyist)		8(1)	(C)	
W. John Funk				
(Print Name of lobbyist)		R	ECEIVED	

APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE T



### STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:			
GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
(Name of partnership, firm or corporati			
III. Name of Client DRIVETRAIN, LLC	_ Date	April 24, 2019	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above lobbying, including fees for services such as public advocacy, government relaincluding research, monitoring legislation, and related legal work. The gross by any expenses:	ations, or p	oublic relations se	rvices,
a) Total of all fees received in this reporting period		a) \$	2,000.00
Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)		b) \$	
c) Total of all fees received to date.  (Add lines a and b)		c) \$	2,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid.		d) \$	.00
Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each collobbyist(s)/firm that are unrelated to any one client a separate report may be are to be reported in one of three categories of expenses: (a) the aggregate reporting period for salaries, benefits, support staff, and office expenses; (expenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 to purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period of covered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not greatlegislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	tient and if filed for the te total of b) the agg urchased of hat is give of \$25.00 greater th 5, purchase ater than \$	Expenditures are the lobbyist(s)/firm all expenses paigregate total of a during a business in to the person befor less); and (c) an \$25.00 for any se of a ceremonial 550, restaurant ex	made by the  m. Expenses d during the ll individua lunch where eing lobbied an itemized purpose no l object to be penses for a
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported</li> </ul>	a) \$ b) \$		1,800.00
in a), of \$25 or less.	c) \$		.00

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$ _	2,000.00
e) Total of expenses paid this calendar year, prior to this reporting period.  (This should be the amount on line f of addendum A for last month's report.)	e)\$_	
f) Total of all expenses year to date.	f) \$ _	2,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees duperiod, including by whom paid or to whom charged.	ring this	reporting
Paid to:	An	ount
State of NH	\$	200.00
	\$ <u> </u>	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fore is true and complete to the best of my knowledge and belief.  (Signature of lobb sist)  (Da	-23	nformation
W. John Funk		
(Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A - Page 2

Client: DRIVETRAIN, LLC

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
-	ank if Statement is for ivetrain, LLC	the partnership, firm, or cor	poration and not related to any	
Date of Report (check of	ne):			
April 24, 2019 🔀	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □	
-	-	Statement of Income and Exement (insert the number of	penses described above, and the Addendum forms being	
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyist)	Vorsoury;		4-18-19 (Date)	
Paul A. Worsowicz (Print Name of lobbyist	<u> </u>			

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Incon	ne and Expenses for:		
Name of Lobbying p	partnership, firm or corpora	tion: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
Name of Client (leav particular client):	ve blank if Statement is for Drivetrain, LLC	the partnership, firm, or co	rporation and not related to any
Date of Report (che	ck one):		
April 24, 2019 🔀	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □
	RSA 15-B, RSA 664, the Sons submitted with that State		spenses described above, and the Addendum forms being
1 Addendum A(s	s).		
0 Addendum B(s	3).		
0 Addendum C(s	s).		
•	firm that the foregoing infor of my knowledge and belie		nd each Addendum is true and
AKS-	•		4-23-19
(Signature of Lobby	vist)		(Date)
Lisa K. Shapiro, Ph			
(Print Name of lob)	byist)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of I	ncome an	d Expenses for:		
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client particular client	•	nk if Statement is for vetrain, LLC	the partnership, firm, or cor	poration and not related to any
Date of Report	(check on	e):		
April 24, 2019	X	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			Statement of Income and Exement (insert the number of	penses described above, and the Addendum forms being
1 Addendun	n A(s).			
0 Addendun	n B(s).			
0 Addendum	n C(s).			
	best of m	hat the foregoing info y knowledge and belie		d each Addendum is true and  4/17/19  (Date)
Robert J. Diete				
(Print Name of	i ioooyisi,	ı		